

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date							
						Applicant(s)									
* May be used for additional claims or amendments															
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT										
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend					
1	/						51	/							
2		/					52		/						
3	/						53		/						
4							54		/						
5	/						55		/						
6							56		/						
7							57		/						
8							58		/						
9							59		/						
10		/					60		/						
11							61		/						
12							62								
13							63								
14							64								
15		/					65								
16							66								
17		/					67								
18							68								
19		/					69								
20							70								
21		/					71								
22							72								
23		/					73								
24							74								
25		/					75								
26		/					76								
27		/					77								
28		/					78								
29		/					79								
30		/					80								
31		/					81								
32		/					82								
33		/					83								
34		/					84								
35		/					85								
36		/					86								
37		/					87								
38		/					88								
39		/					89								
40		/					90								
41		/					91								
42		/					92								
43		/					93								
44		/					94								
45		/					95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50		/					100								
Total Indep							Total Indep								
Total Depend							Total Depend								
Total Claims							Total Claims								